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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: KHUE VU NGUYEN

Signature: Khue Citizen of: France

Inventor two: CHARLES MICHEL WOLFF

Signature: Ch. Wolff Citizen of: France

Inventor three: PHILIPPE POINDRON


Signature: Philippe Citizen of: France

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Utilization of nucleotide probes for the measurement of specific mRNA for the molecular diagnosis of autosomal recessive spinal muscular atrophy

(Title of the invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☒ Correspondence address belowName **Dr. KHUE VU NGUYEN**Address **2828 University Avenue, Apt # 303**

Address

City **SAN DIEGO**State **CA**ZIP **92104**Country **U.S.A.**Telephone **(619) 543-3623**
(619) 299-0449Fax **(619) 543-7868**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

KHUE VUFamily Name
or Surname**NGUYEN**Inventor's
Signature

Date

03/03/2001Residence: City **SAN DIEGO**State **CA**Country **U.S.A.**Citizenship **FRENCH**Mailing Address **2828 University Avenue, Apt # 303**

Mailing Address

City **SAN DIEGO**State **CA**ZIP **92104**Country **U.S.A.**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

CHARLES-MichelFamily Name
or Surname**WOLFF**Inventor's
Signature

Date

05/03/2001Residence: City **STRASBOURG**

State

Country **FRANCE**Citizenship **FRENCH**Mailing Address **15, AVE DU GENERAL DE GAULLE**

Mailing Address

City **STRASBOURG**

State

ZIP **67000**Country **FRANCE**☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philippe		POINDRON	
Inventor's Signature <i>H. Poindron</i>		Date <i>June, 06, 2001</i>	
Residence: City <i>PLOBSHEIM</i>	State	Country <i>France</i>	Citizenship <i>French</i>
Mailing Address <i>14, rue Andre' Malraux</i>			
Mailing Address			
City <i>PLOBSHEIM</i>	State	ZIP <i>67115</i>	Country <i>France</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I/We, KHUE VU NGUYEN of SAN DIEGO, CA, U.S.A., hereafter referred to as applicant, have invented certain new and useful improvements in Utilization of nucleotide probes for measurement of specific mRNA in the molecular diagnosis of autosomal recessive spinal muscular atrophy
☐ for which an application for a United States Patent was filed on _____

Application Number _____ / _____.

☒ for which an application for a United States Patent was executed on 03/30/2001, and

Whereas, NEURDEFIT S.A. of ILLKIRCH, FRANCE herein referred to "assignee" whose mailing address is Les Alpinthames, me Jean Sapidus is Parc d'Innovation, 67400 Illkirch, FRANCE desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 30th day of March, 2001
 at SAN DIEGO, CA, U.S.A.

State of _____)

County of _____)

SS:

(Signature)

Before me personally appeared said _____

and acknowledged the foregoing instrument to be his free act and deed this _____

day of _____, 20 ____.

Seal

See attached
 CA ALL-PURPOSE ACKNOWLEDGEMENT
 (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

* ☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents and Trademarks, Washington, DC 20231.

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ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I/We, CHARLES-MICHEL WOLFF of STRASBOURG, FRANCE, hereafter referred to as applicant, have invented certain new and useful improvements in Utilization of nucleotide probes for the measurements of specific mRNA for the molecular diagnosis of autosomal recessive spinal muscular atrophy.

☐ for which an application for a United States Patent was filed on _____
Application Number _____/_____.

☒ for which an application for a United States Patent was executed on 03/30/2001, and

Whereas, NEUROFIT S.A. of ILLKIRCH, FRANCE herein referred to "assignee" whose mailing address is Les Algorithmes, rue Jean Sapidus, Parc d'Innovation, 67400 ILLKIRCH, FRANCE is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 30th day of March, 2001
at STRASBOURG, FRANCE



(Signature)

State of _____)

County of FRANCE)

SS:

Before me personally appeared said WOLFF Charles Michel
and acknowledged the foregoing instrument to be his free act and deed this
day of 05 MAI 2001 ID: TT 25 298

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

* ☐ Total of _____ forms are submitted.

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ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I/We, Philippe POINDRON of PLORSHEIM, 67115 (France), hereafter referred to as applicant, have invented certain new and useful improvements in utilization of nucleotide probes for the measurement of specific mRNA for the molecular diagnosis of autosomal recessive spinal muscular atrophy

☐ for which an application for a United States Patent was filed on _____

Application Number _____ / _____

☒ for which an application for a United States Patent was executed on 03/30/2001, and

Whereas, NEUROFIT SA of ILLKIRCH, France herein referred to "assignee" whose mailing address is Les Alpages, 211 Jean Spicher, Parc d'Innovation, 67400 ILLKIRCH is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 30th day of March, 20 01

at PLORSHEIM, 67115, (France)

Thudon

(Signature)

State of _____)

County of France)

SS:

Before me personally appeared said Philippe POINDRON

and acknowledged the foregoing instrument to be his free act and deed this _____

day of _____, 20 _____.

Pour la légalisation de la
signature

Plorsheim, le 07.06.2001

Lo Maire

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit _____ forms if more than one signature is required. See below*.

* ☐ Total of _____ forms are submitted.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

SAN DIEGO

SS.

On

03/30/01

Date

, before me,

Elizabeth Bracamonte, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Khue Vu NGUYEN

Name(s) of Signer(s)

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Elizabeth Bracamonte

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Assignment of Application

Document Date:

03/30/2001

Number of Pages:

1

Signer(s) Other Than Named Above:

N/A

Capacity(ies) Claimed by Signer

Signer's Name:

KHUE VU NGUYEN

☒ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:

self

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here